

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 704567**

1. Entity Name

**KIWANIS SCHOLARSHIP FUND OF FORT WALTON BEACH, I
NC.**

Principal Place of Business

**45 BEAL PARKWAY N.E.
P.O. BOX 1800
FORT WALTON BEACH FL 32549
US**

Mailing Address

**45 BEAL PARKWAY N.E.
P.O. BOX 1800
FORT WALTON BEACH FL 32549
US**

2. Principal Place of Business

**140 Hollywood Blvd SW
Suite, Apt. #, etc.**

3. Mailing Address

**140 Hollywood Blvd SW
Suite, Apt. #, etc.**

City & State

Ft. Walton Beach, FL

City & State

Ft. Walton Beach, FL

4. FEI Number

59-1002456

Applied For

Not Applicable

Zip

32548

Country

Zip

32548

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARKER, GENE G
45 BEAL PARKWAY NORTH
FORT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

Name
R. F. GrissomStreet Address (P.O. Box Number is Not Acceptable)
140 Hollywood Blvd SWCity
Ft. Walton Beach**FL**Zip Code
32548

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	D			
	GRISSOM, RON	258 NW SLEEPY OAKS LANE	FORT WALTON BEACH FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DP			
	FUGATE, JANET	731 FOREST SHORES DR	MARY ESTHER FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	THOMAS, GORDON	41 COURT DRIVE	DESTIN FL 32541	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	C				
	Grissom, Ron	140 Hollywood Blvd SW	Ft. Walton Beach, FL 32548		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	D				
	Richard Hickenbotham	139 Walton Drive	Ft. Walton Beach, FL 32548		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D				
	David Bechtold	49 Bay Drive, NE	Ft. Walton Beach, FL 32548		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R. F. Grissom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/11/02**
Date**850-244-4761**
Daytime Phone #**FILED**
Jun 19, 2002 8:00 am
Secretary of State

05-09-2002 90004 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)